# Decision Memo for Serum Iron Studies for Anemia Caused by Sickle Cell or End Stage Renal Disease (CAG-00172N)

## **Decision Summary**

CMS intends to add the following ICD-9-CM codes to the Serum Iron Studies NCD: 282.60, 282.61, 282.62, 282.63, 282.69, and 285.21.

Pursuant to section 2869(f)(1)(B) of the Social Security Act, the term "national coverage determination" means a determination by the Secretary with respect to whether or not a particular item or service is covered nationally under this title [XVIII], but does not include a determination of what code, if any, is assigned to a particular item or service covered under this title or a determination with respect to the amount of payment made for a particular item or service so covered." Thus, the addition of the ICD-9-CM codes will not be subject to review under section 1869(f).

Back to Top

### **Decision Memo**

This decision memorandum does not constitute a national coverage determination (NCD). It states CMS's intent to issue an NCD. Prior to any new or modified policy taking effect, CMS must first issue a manual instruction giving specific directions to our claims-processing contractors. That manual issuance, which includes an effective date, is the NCD. If appropriate, the Agency must also change billing and claims processing systems and issue related instructions to allow for payment. The NCD will be published in the Medicare Coverage Issues Manual. Policy changes become effective as of the date listed in the transmittal that announces the Coverage Issues Manual revision.

To: Administrative File: CAG-00172N

Serum Iron Studies for Anemia Caused by Sickle Cell or End Stage Renal Disease

From:

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Printed on 4/6/2012. Page 1 of 5

#### Coverage and Analysis Group

Re: Coverage Decision Memorandum for Serum Iron Studies

Date: January 28, 2003

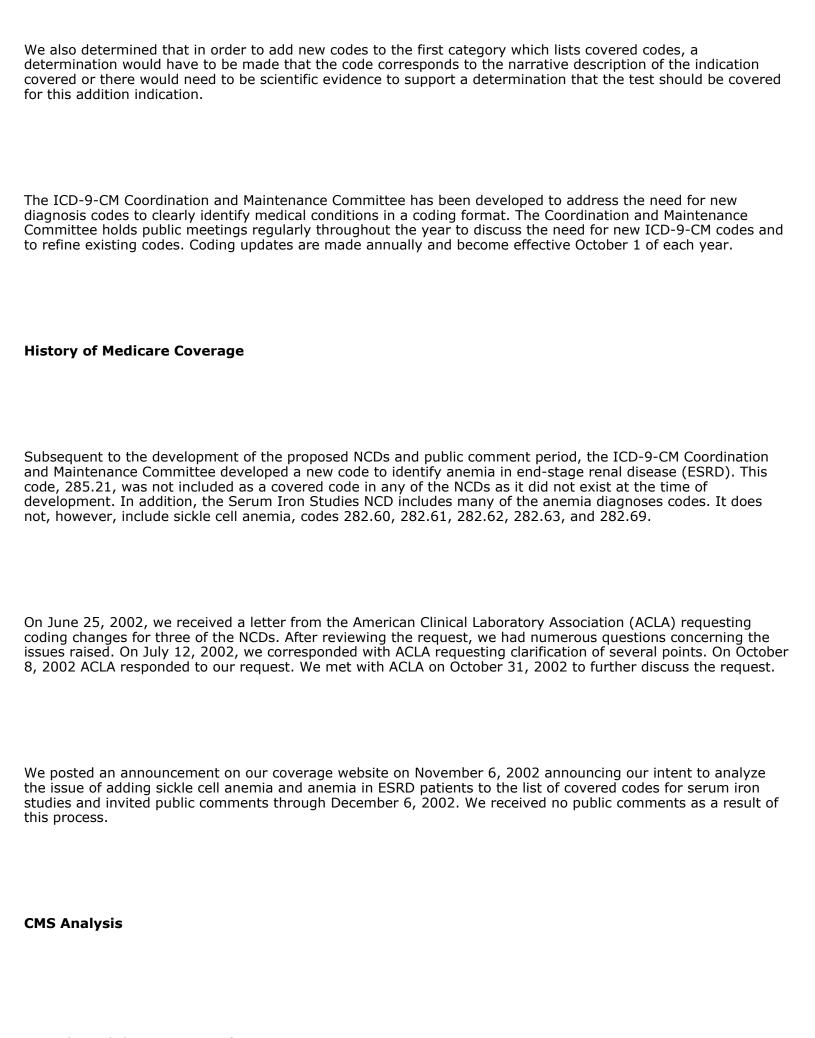
This memorandum serves the purpose of addressing a request for anemia codes to be added to the list of ICD-9-CM codes covered by Medicare in the Serum Iron Studies national coverage determination (NCD). As discussed below, it has always been our intent that the ICD-9-CM codes reflect the narrative indications for the test in the NCD.

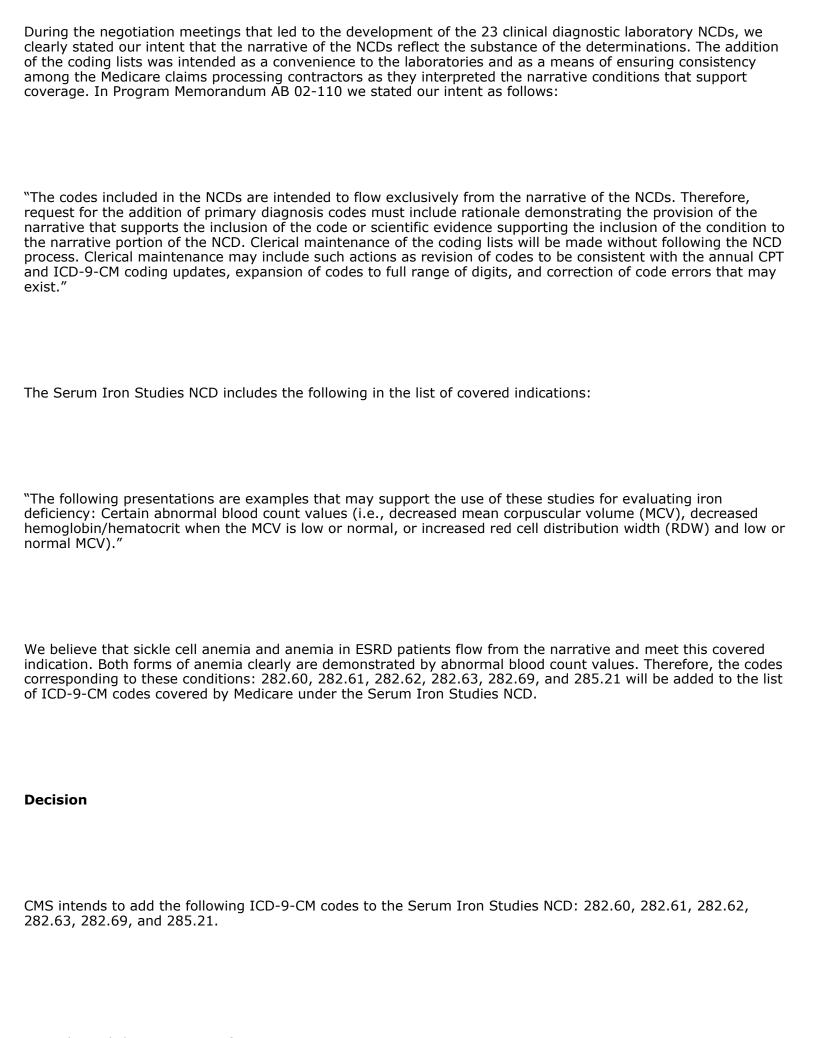
#### **Background**

In accordance with section 4554 of the Balanced Budget Act of 1997, CMS entered into negotiations with the laboratory community regarding coverage and administrative policies for clinical diagnostic laboratory services. As part of these negotiations, we promulgated a rule that included 23 NCDs. One of these NCDs was for Serum Iron Studies. The rule was proposed in the March 10, 2000 edition of the Federal Register (65 FR 13082) and was made final on November 23, 2001 (66 FR 58788). The final rule called for a 12-month delay in effectuating the NCDs in accordance with the recommendations of the negotiating committee. Thus, the NCDs became effective on November 25, 2002.

In the serum iron studies NCDs CMS determined that coverage of specific serum iron tests was reasonable and necessary for certain medical indication. The NCD contains a narrative describing the indications for which the tests are reasonable and necessary. We also developed a list of ICD-9-CM codes that designate diagnoses/conditions that fit within the narrative description of indications that support the medical necessity of the test. This list is entitled "ICD-9-CM codes covered by Medicare," and includes codes where there is a presumption of medical necessity.

In addition, we developed two other ICD-9-CM code lists. The second list is entitled "ICD-9-CM codes denied," and list diagnosis codes that are never covered by Medicare. The third list is entitled "ICD-9-CM codes that do not support medical necessity," and includes codes that generally are not considered to support a decision that the test is reasonable and necessary, but for which there are limited exceptions. Tests in this third category may be covered when they are accompanied by additional documentation that supports a determination of reasonable and necessary. We determined in the NCD that any ICD-9-CM code not listed in either of the ICD-9-CM sections, including newly developed codes, would be categorized into group three. Thus, new ICD-9-CM codes generally will not be covered for these clinical diagnostic laboratory tests unless they are submitted with documentation supporting that they are reasonable and necessary.





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Back to Top